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ABSTRACT

The parent's guide reviews normal speech and language development and discusses ways in which parents of young children with language problems facilitate that development. Terms such as speech, communication, and receptive and expressive language are defined, and stages in receptive/expressive language development are charted. Implications for children with language problems are drawn, and parents are advised to use techniques of expansion, modeling, and complex sentences. The nature of otitis media (fluid in the middle ear) and consequences of recurrent otitis media on language development are discussed. Ways are suggested in which parents can help their children listen and pay attention (such as talking slowly with pauses between phrases, talking with enthusiasm, and establishing a quiet environment). Similarly, ways to help the child's speech (including expanding his/her vocabulary and working closely with the teacher) are listed. (CL)

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IMPROVING YOUR CHILD'S LISTENING AND LANGUAGE SKILLS

A PARENT'S GUIDE TO LANGUAGE DEVELOPMENT

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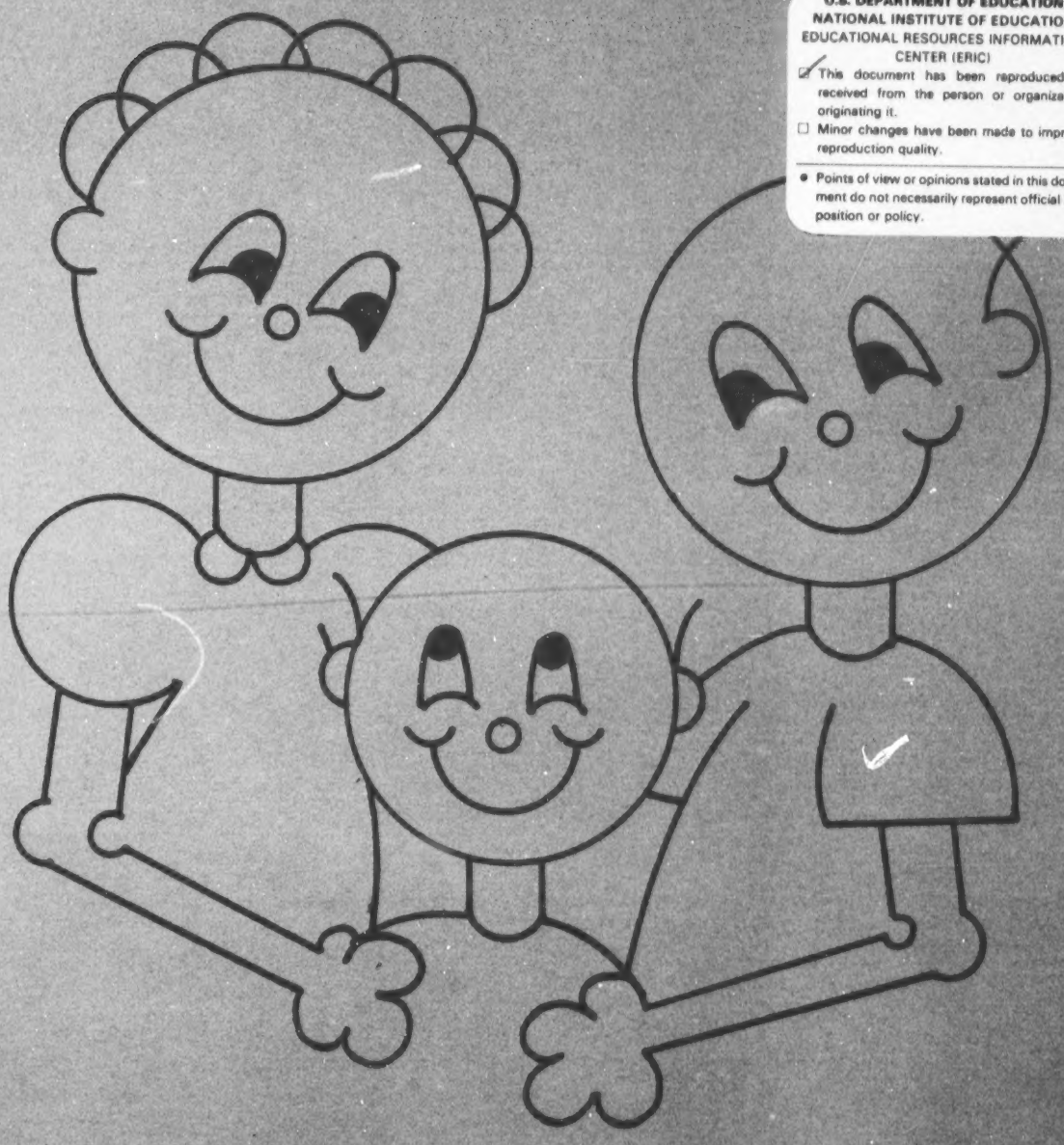

EARLY CHILDHOOD PROGRAM
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IMPROVING YOUR CHILD'S

LISTENING AND LANGUAGE SKILLS

A PARENT'S GUIDE FOR LANGUAGE DEVELOPMENT

Developed by

Toledo Public Schools
Project C.H.I.L.D.

Carol Quick, Director
1624 Tracy Street
Toledo, Ohio 43605

Text by

Ruth Johnson, Rhodene Campbell
and Penny Mueller

Illustrated by Janis Cady

October, 1982

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Individuals making valuable contributions in the development of this manual include Helen Orringer, Therese Grossmann, Barbara Price, and Jane Judy.

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INTRODUCTION

You, as parents, play the key role in the continuing growth of your young child in all areas of development. This is especially true in learning to talk. Understanding the relationship between hearing and talking will help you encourage the communication skills of your young child. Therefore, this manual was designed to focus on the following key areas.

a) the process and stages of normal speech and language development

b) the nature of hearing and its importance in developing good listening and talking skills

c) a brief description of recurrent otitis media, or the presence of fluid in the middle ear, and its relationship to speech and language development

d) ideas and suggestions on how to encourage children's listening and talking skills in the home

YOUNG CHILDREN AS LEARNERS*

The first few years of life are very exciting ones for parents and their young children. These early years are marked by rapid growth in all areas of development. The environment in which the child lives and learns has tremendous influence over the child's growth and development.

-Young children are curious eager learners.

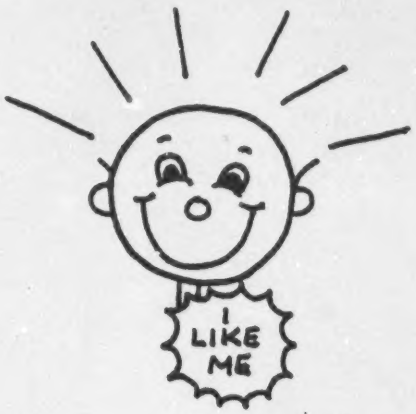
A stimulating environment complete with interesting things to explore is the delight of most young children. They naturally want to know and find out about new things. What is taken for granted by the older child or adult can provide a stimulating experience for the young learner. Happy is the child who is given the opportunity and time to explore, question, and wonder.

- Young children like to share their accomplishments with others.

Young children who can share their sense of joy with someone when they accomplish a new task or skill have good

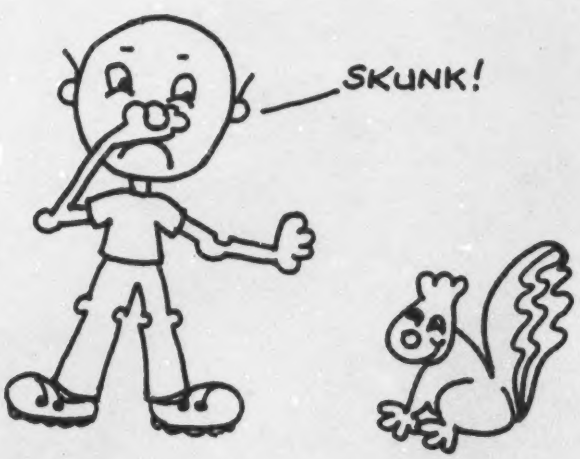
*This section contributed by Suzanne McFarland, Ph.D., Associate Professor, Elementary and Early Childhood Education, University of Toledo, Toledo, Ohio

feelings about what they can do and soon develop an eagerness to aim for new challenges. Such experiences in sharing successes foster the development of a positive self concept.



-Young children learn by using their senses.

Feeling, seeing, hearing, smelling, and tasting are five ways young children learn about their world. Through these senses, children have direct contact with their environment. They learn by becoming "part of" the learning experience.



-Young children learn best when actively involved in the learning situation.

The young child is a "doer." He or she likes to jump, run, pile, build, create, play, construct and do all the other wondrous behaviors that are so typical of the preschool child. Happy is the child who lives and learns in an environment where active learning is encouraged.

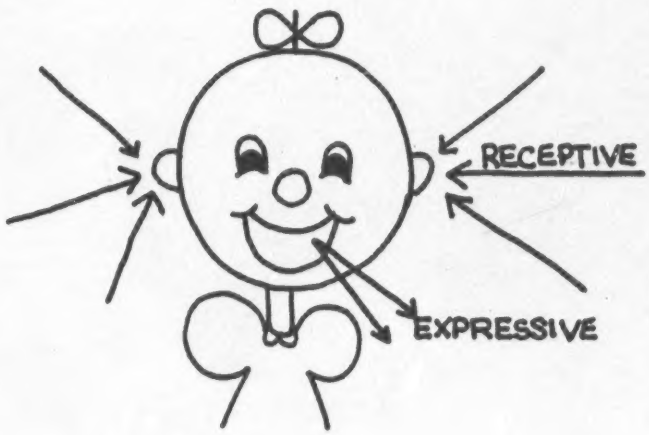
HOW YOUR CHILD LEARNS TO TALK

From the moment of birth and throughout the preschool years, children are expected to make consistent progress in language development. While children learn language in a variety of ways, the ability to hear well is essential. A responsive and stimulating environment that invites young children to listen, to imitate, and to interact is also important.

The terms communication, speech and language are sometimes used interchangeably but they are not the same. Communication is a broader concept that encompasses both speech and language. Communication is any method of sharing thoughts, ideas and feelings, verbal or non-verbal. Language is a mutual code or set of symbols used to communicate. Some examples of language include English, Spanish, sign language and French. Speech is the physical process or act of talking.

Receptive and Expressive Language Development

Language development can be divided into two major areas, receptive and expressive language. Receptive language refers to the receiving and understanding of what is said or signed. Expressive language is talking or signing to communicate with others.



Language development is a gradual process. A young child goes through many sequential steps along the way, both in terms of receptive language and expressive language. Some of the language skills in both the receptive and expressive areas generally experienced at various ages are outlined in the following chart (Figure 1).

Figure 1

LANGUAGE DEVELOPMENT CHART

Age	Receptive	Expressive
0-6 months	- responds to quiet voice (calms or soothes the child) - listens and looks at speaker - localizes speaker by watching lips and mouth	- uses crying and cooing to express pleasure and pain
6-12 months	- listens to people talking (turns toward and attends to speaker) - generally localizes environmental sounds (turns head toward sound) - understands names of things - understands simple directions ("Come to Daddy") - understands simple questions	- vocalizes to his name (coos or gurgles when addressed) - plays Pat-a-cake and Peek-a-boo-type games - begins using first words with meaning
12-18 months	- understands names of large body parts - begins to group objects (animals, clothes, food) - follows two consecutive commands	- uses and imitates more words instead of gestures - responds to music by vocalizing (babbles or coos) - uses more consonant sounds such as N, T, D, and H
18-24 months	- aware of pronouns and verbs ("Give it to her." "Bring the ball to me.") - can follow two to three related commands ("Take this book and give it to Daddy.") - understands complex sentences ("After we eat dinner we will play ball.")	- imitates environmental sounds (cars, planes, etc.) - begins using simple sentences ("Me go.") - uses his first name (refers to self by name)

Figure 1

(continued)

Age	Receptive	Expressive
24-30 months	- understands several action words, such as eating, running - understands function type questions ("What do you wear to bed?")	- uses telegraphic phrases, such as, "Me go home." - asks for help, if needed
30-36 months	- understands most common verbs, adjectives, and prepositions - is curious why and how things work - remembers things from recent past	- talks about his experiences - uses plural forms
36-48 months	- enjoys listening to longer stories - understands that words can have more than one meaning ("Do you hear the dog bark?" "Let's feel the bark on the tree.")	- plays with rhyming words and sounds - asks lots of questions - uses more than one complete sentence to express an idea - uses his talking to control others. ("I want a cookie now.") - may have some normal nonfluencies (repeating sounds, syllables, or whole words)
48-60 months	- knows common opposites (big, little, hard, soft, heavy, light, etc.) - can classify a group of objects into basic categories (foods, animals, clothing, etc.)	- uses more complex sentences and question forms - may still exhibit some nonfluencies

Young children learn language by interacting with other people. The nature of this interaction depends, to a large extent, on the age and developmental stage of the young child. Figure 2 outlines six different stages of language development usually experienced by young children from birth through eight years of age. Appropriate verbal responses to the child's communication attempts are also presented in Figure 2. You, as parents, can promote the language development of your child by first determining at what stage of language development your child is presently functioning and then providing an appropriate verbal response to what your child has communicated.

Figue 2

STAGES IN LANGUAGE DEVELOPMENT

STAGE I
0-6 mo.

Vocalizations ⟷ Kind, loving, intoned speech patterns

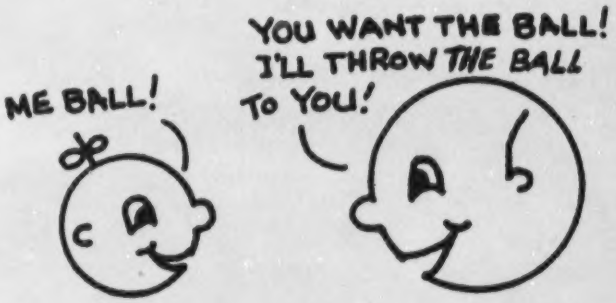
STAGE II
6-8 mo.

Babbling with intonation ⟷ Descriptive labeling (object present)

STAGE III
12-15 mo.

Naming (things, actions, qualities) ⟷ Simple sentences

STAGE IV
2 yrs.



Telegraphic Speech ⟷ Expansion and modeling and complex sentences

STAGE V
3 yrs.

Simple and complex sentences ⟷ Cognitive language, e.g., causality, questions, comparisons

STAGE VI
7-8 yrs.

Cognitive language and precision in articulation ⟷ Reasoning and deduction

Implications For Children With Language Problems

Although most young children progress through the stages of language development without any special difficulties, some children experience a variety of problems or delays along the way. For these young children, appropriate language modeling and positive reinforcement for any communication efforts become extremely important. As the chronological ages indicated in Figure 2 are only average ages at which children go through the various stages of language development, it is important to carefully analyze your child's communication patterns and determine which stage best describes your child's talking. This information can then be used to determine what level of response would be most appropriate for encouraging your child's language development.

EXAMPLE:

Even though Jessie is three years of age, her typical utterances include such phrases as "me do it" and "more juice". Her parents note that these utterances represent telegraphic speech, which is characteristic of a normal two-year-old and in Stage IV of language development. The parents, therefore, concentrate on providing expansion, modeling, and complex sentences.

Providing expansion means acknowledging and reinforcing what the child says. Expansion usually involves repeating the child's thought in a complete sentence. For example, in response to "more juice," a parent may say, "Oh, you want more juice."

Modeling involves increasing or extending the child's vocabulary by adding new ideas and new words to his or her idea. For example, in response to "Me do it," a parent may say, "You want to mix the kool-aid, don't you? Here's a big spoon."

By appropriately matching their talking to the young child's present stage of language development, parents help their child progress to the next level.

HOW HEARING AND TALKING GO TOGETHER

Just by holding your ears shut while someone is talking, you will soon be convinced that good hearing is critical to understanding what is being said. A young child with hearing problems has trouble distinguishing one sound from another and may, therefore, find listening an unrewarding and confusing experience. His/her attempts at speech and language also tend to be frustrating. This child may be inclined to "tune-out" or "give up" in learning to talk.

What is Otitis Media?

Otitis media, the presence of fluid in the middle ear, is a major cause of hearing impairment in young children. While the hearing impairment accompanying otitis media is usually mild and fluctuating, it can interfere with the young child's development of language. Unfortunately, otitis media is most common during the preschool years when the growth of normal language development is at its peak.

The following facts about otitis media may be helpful in understanding this common middle ear problem.

-Otitis media is one of the most common problems of early childhood.

-Otitis media usually occurs before a child is two and is common throughout the preschool years.

-When otitis media occurs frequently within a year's time, it is referred to as recurrent otitis media.

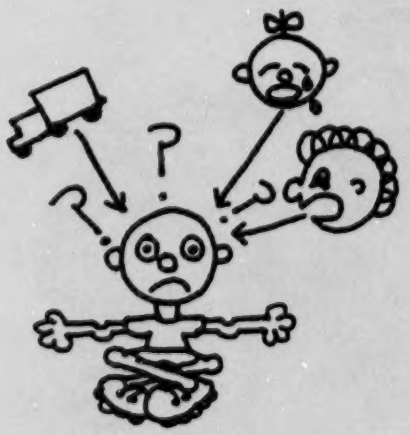
-About two-thirds of all preschool children have at least one episode of otitis media.

-About 12% of all preschool children experience six or more episodes of otitis media before the age of six.

-Otitis media is experienced more frequently in winter than in summer.

Effects of Otitis Media

The fluctuating hearing loss often accompanying middle ear disorders may contribute to speech and language delay. Many young children with recurrent otitis media fail to receive accurate auditory information on a consistent basis. Because of this, they may tend to tune out sounds or respond inappropriately to what they hear. It is not surprising, therefore, to find that some young children with middle ear problems fail to notice or pay attention to the sounds around them. Such children often have trouble hearing differences in various environmental sounds and thus fail to attach any special meaning to the different sounds they hear. Thus, such sounds as a knock at the door, a whistle blowing, or the sound of running water may actually be meaningless to a child with a hearing loss.



Since even a mild hearing loss may distort sounds, a young child with recurrent otitis media will often have trouble understanding what is said. Such a child may also have some problems in learning to speak clearly and accurately.

Some Symptoms of Otitis Media

Sometimes it is difficult to tell if a child has fluid in the middle ear. Fluid may be present without causing pain or obvious physical or behavioral symptoms. However, the following list represents some of the symptoms that, at times, may indicate a middle ear problem. Because these symptoms are also characteristic of other problems, further medical diagnosis is important.

A child with an ear problem may have:

-ear infections (draining ears, ear aches)

-fevers

-frequent colds or upper respiratory infections

-sore throats

-mouth breathing

-use of gestures (pointing, etc.) instead of talking

-difficulty remembering the names of people, places, and things

-difficulty with speech and language

-trouble hearing the difference between words that sound alike

-frequent need for repetition of directions and important information

-hearing only a part of what is said rather than understanding an entire message

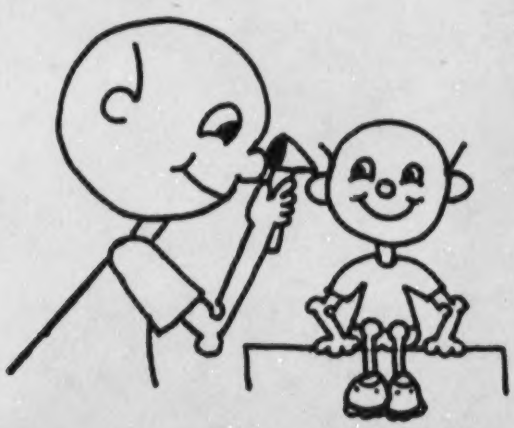
-lack of interest in stories told or read aloud

The procedures used by many hearing screening programs today are not adequate in identifying young children with middle ear disorders. Impedance audiometry has been identified as a very effective procedure for detecting the presence of fluid in the middle ear. Impedance audiometry is a fairly simple testing procedure and requires no active response on the part of the child.

Because the child's first few years of life are so important for speech and language development, anything that may interfere with such development calls for prompt attention. Attending to the special needs of a young child with recurrent otitis media can be very important in preventing later language and learning problems.

Getting Help For Your Child

A young child with recurrent otitis media is in need of prompt medical attention. While a family doctor or pediatrician is the first one to see, in the case of suspected middle ear problems a referral to an ear, nose, and throat specialist (an otologist or otolaryngologist) is often made. If the family financial situation poses a problem in getting appropriate medical attention, a local or state public health office may offer assistance.



In addition to getting medical attention, a young child with recurrent otitis media may also need special help in fostering speech and language development. Local hearing and speech clinics offer assistance to children with language and hearing problems. Such clinics are supported by the community and offer services on a sliding fee scale to match the family's income.

At times, a child's language and learning problems are severe enough to warrant special education services that may be available through the public school system, even at the preschool level. Such special education services may be offered in the form of parent-child sessions which focus on language stimulation activities that can be done at home. In some cases, preschool special education classes are recommended with an emphasis on language development. In other cases, a special education teacher may work with community nursery school teachers to assist them in encouraging the language development of young children with special needs.

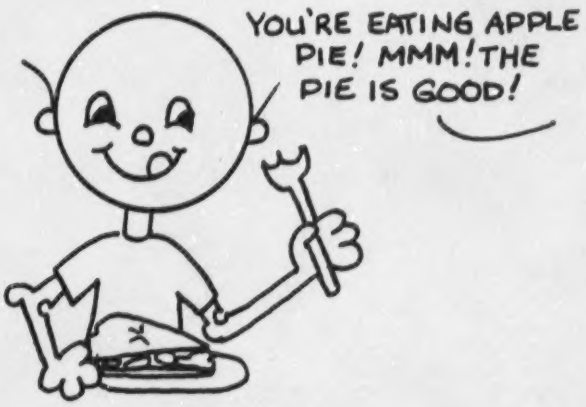
HOW TO HELP YOUR CHILD LISTEN AND PAY ATTENTION

Communication involves both a sender and a receiver. The sender gives the message (through speaking, gesturing, etc.) while the receiver attends to or hears the message. Young children must learn the importance of being both a receiver and a sender in the communication process.

Communication between parent and child begins before a child learns to talk. Babies send messages when they cry, coo, babble, reach out for things, smile, etc. Babies receive messages when they turn in the direction of mother's voice, when they're soothed by soft reassuring sounds, and when they respond to someone calling their name.

The following section will focus on ways you can help your young child listen and pay attention, that is ways in which your child can become an effective receiver in the communication process.

Two factors that should be considered in helping your child listen and pay attention are (1) <u>what</u> message is being sent and (2) <u>how</u> the message is being sent. The content of the message (the <u>what</u>) must go with your child's interest and level of understanding if he or she is to pay attention to what is being said. Talking about what your child is doing or experiencing is one way to make the message meaningful to him or her.



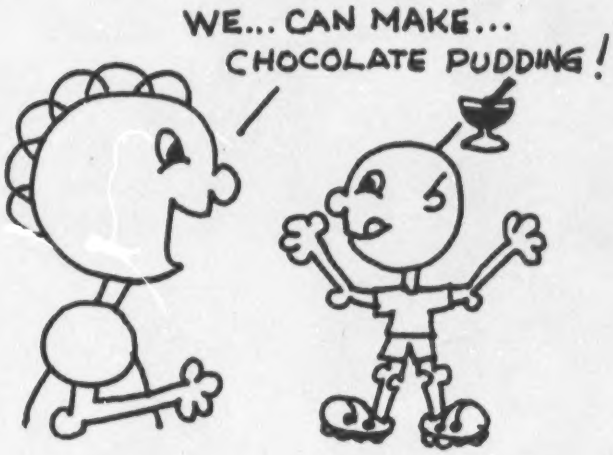
<u>How</u> you talk to your child can also make a big difference in how well your child understands what you are trying to communicate. The following suggestions on how to talk to your child may be helpful in teaching your child to listen and pay attention.

1. Get your child's attention before giving him or her a message.

   To get your child's attention you may:

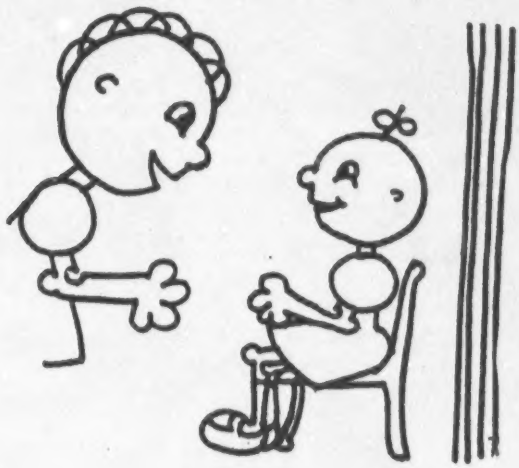
   - say your child's name
   - gently touch your child
   - look your child in the eye

2. Talk slowly and pause between phrases:

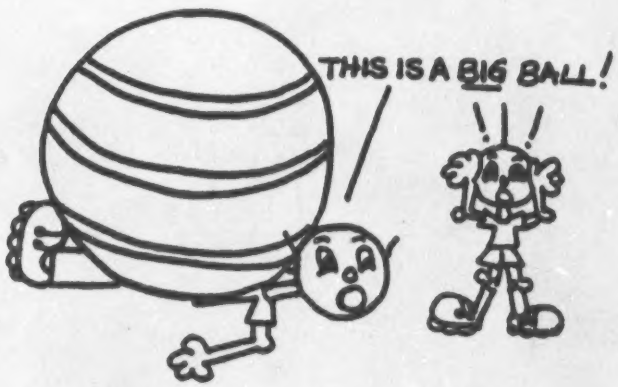


3. Talk with enthusiasm.

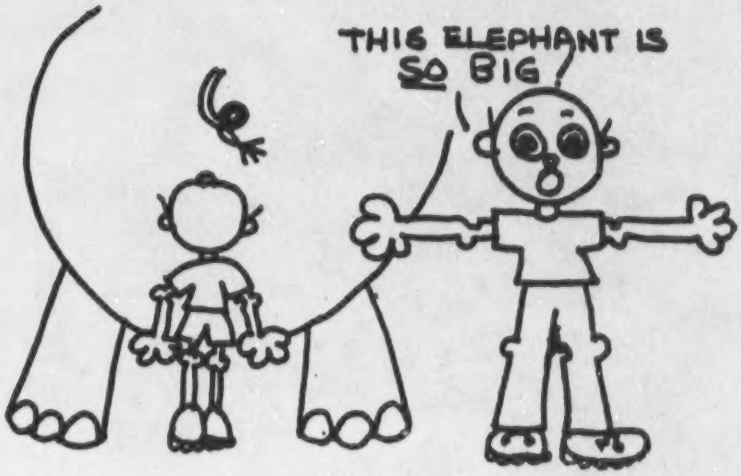
4. Establish a quiet environment. Background noises (such as traffic, children playing, noisy fans, etc.) can be very distracting to young children and interfere with their listening ability.



5. Use interesting intonation patterns when you speak to your child. Emphasize important words and concepts by the way you say the words.

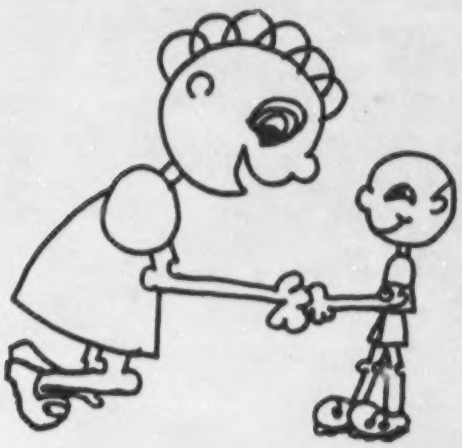


6. Use natural gestures to indicate the meaning of words.



7. Be specific when telling your child what you want him or her to do.

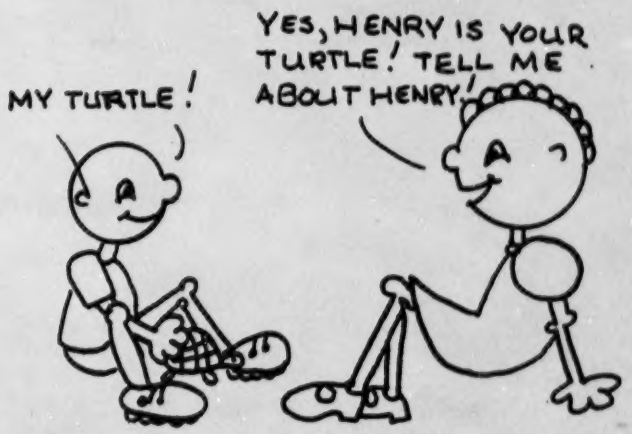
8. Talk at eye level with your child. Speaking to your child at his or her eye level may mean sitting on the floor or accross the table. Such a position not only secures the child's attention but also helps your child understand the meaning of the message from your facial expression and eyes.



HOW TO IMPROVE YOUR CHILD'S TALKING

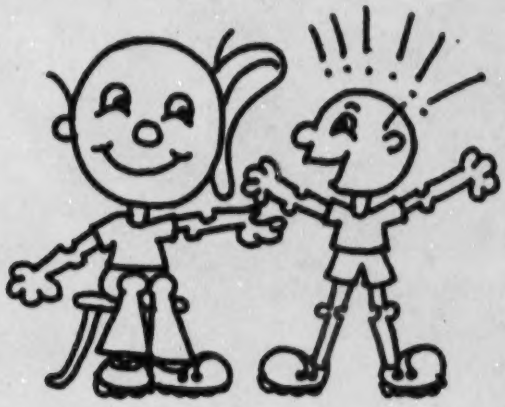
Children learn to talk by experiencing a desire and need to communicate. You can encourage interest in communication by responding positively to your child's communication efforts. Responding positively means acknowledging and reinforcing your child's requests for attention, communication, physical closeness, etc. Thus, it's good to attend to your child when he cries, hug your child when he smiles or reaches out to you and make friendly cooing sounds in response to his or her vocalizations. Such responses are often referred to as appropriate feed-back to the child's communication efforts. Young children need such feedback to let them know that communication is pleasant and worthwhile.

Turn-taking is also important in the development of good communication skills. Just as young children must learn to be both a sender and a receiver when communicating with others, so they must also learn to do this in a turn-taking pattern. Thus, young children must learn that first one person talks while the other listens, and then the second person takes a turn at talking while the first one does the listening. The best way for you to foster such turn-taking patterns is to respond positively to your child's utterances and then <u>wait</u> for your child to respond to what you have just said. <u>Expecting</u> a response and <u>waiting</u> for a response are critical factors in developing turn-taking skills.

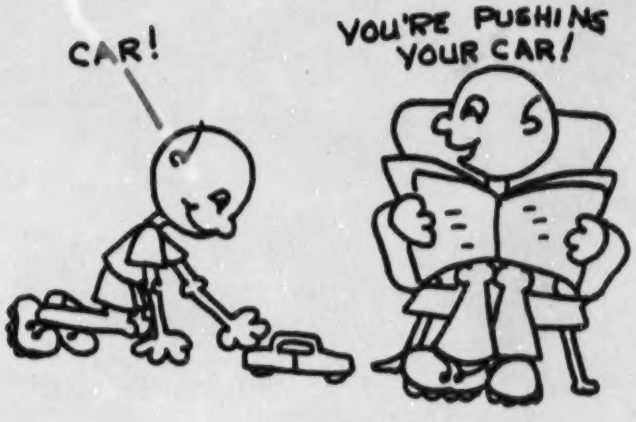


The following suggestions may also be helpful in improving your child's talking.

1. Be a good listener. Make a conscious effort at taking your turn to be a receiver of the message. Just letting your child know that you are sincerely interested in what he or she has to communicate will reinforce your child's attempts to talk. This can include communication by showing as well as telling.



2. Try to acknowledge what your child has to say, and at times, repeat his or her thoughts in a complete sentence.

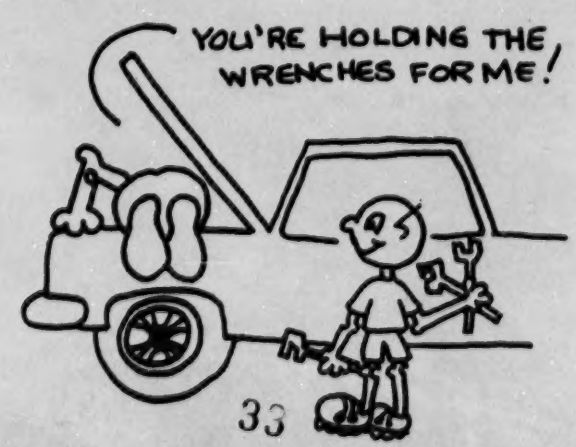


3. Expand your child's vocabulary by adding new words and new ideas.

4. Try to work closely with your child's teacher. A child with language problems finds it hard to share experiences. An open line of communication between parent and teacher not only helps the parent to better understand (and thus talk about) what takes place at school, but also helps the

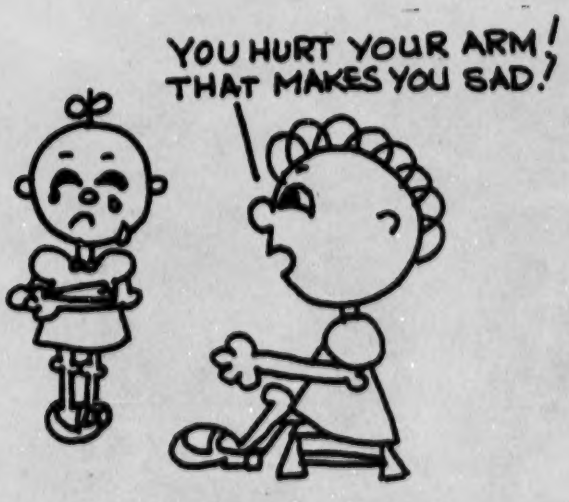
teacher relate to the child's experiences at home. Actively participating in classroom activities, accompanying the class on field trips, and keeping the teacher informed as to happenings at home are positive ways you, as parents, can help provide meaningful communication experiences for your child.

5. Try to actively involve your child in a variety of "hands-on" experiences. Children learn best by doing rather than watching. Helping around the house is an excellent way for your child to learn the names of things. Interacting with Mom and Dad in work and play also gives your child words for actions and ways of doing things.



6. Encourage your child to express his wants and needs. Being good listeners and being responsive to your child's needs encourages him or her to use meaningful language. Giving your child choices also encourages communication.

7. Help your child put feelings into words. How children feel needs to be expressed. Just putting your child's feelings into words can often enhance or ease a situation. Tell your child when you notice that he or she feels happy or sad, angry or pleased, proud or frustrated.



8. When possible, provide opportunities for your child to interact with friends and relatives. As your child grows, his or her world also grows. Friends soon begin to be an important part of your young child's world. Playing with friends provides an opportunity for language stimulation. A week-end with grandparents or other close relatives can also provide language-enriching experiences.

Definitions, Resources and References

Definitions

If your child's hearing, speech, or language problems are serious enough to warrant special education services, there are several terms that you'll need to know.

IEP - Individualized Educational Plan: An IEP is a written statement specifying the special education and related services to be provided in meeting the special needs of an individual child. Parents play an active role in developing their child's IEP.

Annual Goals: Annual goals are the expected achievements to be accomplished over a one year period as a result of the implementation of the child's IEP. Example of an annual goal: Joe will show progress in understanding and using language.

Short Term Objectives: Short term objectives are the intermediate steps leading to the accomplishment of the annual goals. Example of a short term objective: Joe will be able to follow one and two-part directions.

Mainstreaming: Mainstreaming is a form of educational programming that integrates special needs children in regular classrooms with non-special needs children.

Assessment: Assessment is the act or process of determining a child's present level of performance as well as identifying his or her educational strengths and weaknesses. Parents can be actively involved in the assessment of their child.

Diagnosis: A diagnosis is a decision reached after a careful study of the facts. For example, after studying the results of language tests and analyzing a child's general communication behaviors, an IEP team may decide that a young child does, indeed, have significant delays in language development. The IEP team together with the child's parents may then decide that placement in a language-stimulation class represents the most appropriate educational program for that child.

Resources

The following organizations and agencies may be helpful to parents in meeting the needs of young children with language, speech, and hearing problems.

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, Maryland 20852

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

The following journals also address issues related to appropriate services for young children with communication problems.

ACLD Newsbriefs
(Association for Children With Learning Disabilities)
4156 Library Road
Pittsburgh, Pennsylvania 15234

ASHA
(American Speech and Hearing Association)
10801 Rockville Pike
Rockville, Maryland 20852

The Exceptional Parent
P. O. Box 4944
Manchester, New Hampshire 03108

References

The following references may be helpful to you in learning more about the special speech, hearing, and language needs of your young child as well as ways to meet these needs.

Engel, R. Language Motivating Experiences for Young Children

Leach, P. Your Baby and Child

Lederer, F. The Ear and How It Works

Pushaw, D. Teach Your Child To Talk

Marzollo, J. and Lloyd, J. Learning Through Play

Cole, Haas, Bushnell, and Weinberger. I Saw a Purple Cow